



BUSINESS LICENSE APPLICATION

APPLICATION AND PAYMENT DUE BY MARCH 1, 2004

OR WITHIN 30 DAYS OF STARTING BUSINESS

DATE BUSINESS BEGAN	LICENSE NUMBER	FEDERAL I.D. OR SOCIAL SECURITY NO.

APPLICANT'S NAME _____ INDIVIDUAL ☐ CORPORATION ☐
 TRADE NAME (if any) _____ PARTNERSHIP ☐ ASSOCIATION ☐
 MAILING ADDRESS _____ BUS. TEL. NO. _____
 CITY / STATE / ZIP CODE _____ BUS. FAX NO. _____
 BUSINESS LOCATION _____ E-MAIL _____
 NATURE OF BUSINESS _____

DO YOU RENT OR LEASE THESE BUSINESS
PREMISES? ☐ YES ☐ NO

NAME _____

(IF YES, FURNISH NAME AND ADDRESS OF LANDLORD OR LESSOR.)

MAILING ADDRESS _____

AMOUNT OF ANNUAL RENT \$ _____

CITY / STATE / ZIP CODE _____

LINE	SERVICE DESCRIPTION	INSTRUCTIONS	GROSS RECEIPTS COLUMN A	TAX RATE COLUMN B	TOTAL TAX COLUMN C
1		Enter estimated 2004 Gross Receipts on Line 1 Column A. Enter rate (see schedule) on Line 1 Column B. Multiply Line 1 Column A by Line 1 Column B and enter result on Line 1 Column C.			
2		For License based on Flat Rate (see schedule) enter on Line 2 Column C.			
3					
4					
5					
6					
7					

OATH: I, THE UNDERSIGNED APPLICANT DO SWEAR (OR AFFIRM) THAT THE FOREGOING
FIGURES AND STATEMENTS ARE TRUE, FULL AND CORRECT TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

SUBTOTAL:

PENALTY:

INTEREST:

TOTAL AMOUNT DUE:

SIGNATURE OF APPLICANT

DATE

PRINT OR TYPE NAME AND TITLE OF PERSON SIGNING

PHONE NUMBER

*** YOU MUST REPORT GROSS RECEIPTS ***
MAKE CHECK PAYABLE TO: TREASURER, CITY OF FAIRFAX